

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101553915

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2						
3	1	1	1			
4						
5	2		1			
6	1					
7	1		1			
8	1		1			
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TOTAL IND.	5		4			
TOTAL DEP.	9	←	5	←		
TOTAL CLAIMS	11		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

Best Available Copy